



ACES
Automated Communications
Exchange System

Communicating Electronically with Employers

Health File Transfer Certification Process

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Health File Transfer Certification Process

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Purpose

This document provides detailed information on the Employer Health File Transfer Certification Process, a prerequisite for participation in the Health and Membership File Transfer Process in production. This document addresses the following subjects:

- Roles and responsibilities
- Health certification checklist or criteria
- Health certification test conditions
- File layout

NOTE: Health Employers who fall into one of the following categories must go to and use the Retirement File Transfer Certification Process document, and complete the certification conditions for their Employer type:

- Employers requesting Health **and** Retirement File Transfer Access
- State Employers—Non-Central
- Public Agency Employers contracting for Retirement **and** Health Coverage

Intended Audience

The intended audience for this document includes staff in the following roles (detailed role descriptions are found in Roles and Responsibilities Section below):

- **ACES Employer Certifier:** CalPERS point-of-contact responsible for contacting Employers to determine interest in participating in ACES and assisting Employers through the certification process.
- **Employers:** Agencies who expressed interest in participating in ACES File Transfer.
- **Health Program Area Staff:** CalPERS point-of-contact(s) responsible for business support (i.e., clarifying and/or explaining business rules) to the ACES Employer Certifier and Employers.
- **PARIS Account Administrator:** CalPERS point-of-contact responsible for receiving and filing security forms and granting/approving user IDs/access to ACES.

References

- **Health Benefits Functional Requirements Definition:** Identifies the business objectives, scope, and functionality of ACES.

Roles and Responsibilities

ACES Employer Certifier:

- Contacts the Employer to determine Employer interest and participation.
- Provides the Employer with ACES file transfer certification information.
- Schedules a conference call with the Employer to answer questions they have regarding the certification requirements and process.
- Provides the Employer with the certification user ID, password, and URL.
- Provides the Employer with the Expected Results Spreadsheet (ERS) which is a list of transaction requirements/certification conditions according to the agency/employer type. See Appendix A for lists of required transactions.
- Requests the Employer to complete the ERS by providing test SSNs and names.
- Prepares the certification environment for testing.
- Runs the batches.
- Reviews the batch results.

- Monitors the transaction types and scenarios.
- Compares the batch results with the expected results.
- Discusses and documents the variances or errors with the file and/or transactions with the Employer.
- Ensures all test transactions passed and have met the expected results.
- Determines the employer's readiness for transition into production.
- Ensures that all the items on the File Transfer Certification Criteria Checklist are completed.
- Requests the Employer to send the security forms to the PARIS Account Administrator.

Employer:

- Reviews ACES file transfer certification information.
- Determines whether the agency will use ACES file transfer or not.
- Participates in conference call with CalPERS.
- Returns the completed ERS to the ACES Employer Certifier.
- Creates the test file(s) according to the file layout (see Appendix B) so that the information extracted from the Employer's internal system can be submitted, received, and processed by CalPERS.
- Transmits test file(s) containing the certification test transactions according to the type of agency participating in the certification process (see Appendix A). Test conditions vary based on the type of agency submitting files (e.g., State Employer Non-Central, Public Agency Health Only, Public Agency Retirement). Appendix C contains examples of agency errors, manual corrections and PERS/Non-PERS Retry. Employer should use these examples to create the expected results of test transactions.
- If the test file(s) do not transmit successfully, makes the necessary changes to the process(es) and/or program(s) that create(s) the file(s) so that they correspond to the record layout and transmit successfully.
- Submits as many test files as necessary until all the transaction requirements/certification conditions expected results are met.
- Signs and forwards the security forms to the PARIS Account Administrator.

Program Area(s):

- Acts as a program area expert for the ACES Employer Certifier for business related questions during the certification process.

PARIS Account Administrator:

- Receives and files the security forms.
- Creates the production user ID and password for the Employer's on-site system administrator and provides them with the production URL, user ID, and password and trains them on PARIS.

Special Rules and Restrictions

1. As previously discussed, Health Employers who fall into one of the following categories must **also** go through the Retirement File Transfer Certification Process and complete the certification conditions for their Employer type:
 - Employers requesting Health **and** Retirement File Transfer Access
 - State Employers—Non-Central
 - Public Agency Employers contracting for Retirement **and** Health Coverage
2. Employers can request a File 27 health extract through the ACES Employer Certifier. The File 27 extract provides Employers with current CalPERS member data with which Employer data can be reconciled. It can also be used if the Employer does not have all the data required to complete the required certification conditions.
 - Requests should be made to the ACES Employer Certifier who will complete the service request and submit it to the COMET Application Support Area.
 - Requests for the extract will be provided on an exception basis only and will be provided once.
 - All the information contained in the current File 27 extract will be provided. The COMET Application Support Area will not customize the extract for Employers.
 - The data will be extracted from the database “as-of” the date requested.
 - The Employer will be responsible for keeping their database current. For example, if the Employer receives an HBD-12 after the extract is provided, the Employer is responsible for adding the HBD-12 to their database.
 - The table on the following page lists the data provided by the File 27 extract.

File 27 – Health Extract Layout

Field Name	Maximum Length	Starting position	Comments
SSN	9	1	
Birthdate	8	10	YYYYMMDD
Gender	1	18	M – male, F – female, U – unknown
Relationship	2	19	0 – Subscriber, 1 – Spouse, 2 – Child, 3 – Step child, 4 – Economically dependent child, 5 – Adopted child, 6 – Domestic partner, 7 – Domestic partner child, 15 – Sibling
Health plan code	3	21	
Party Rate	3	24	
Employer code	4	27	
Payroll office	3	31	0 – Active employee, 1 – Retiree, S – COBRA
Zip code	5	34	
County code	2	39	
Health coverage type	1	41	1 – Basic, 2 – Supplement to Medicare, 3 – Managed Medicare
Bargaining unit	3	42	
First name	20	45	
Last name	30	65	
Middle name	20	95	Most are just middle initial
Street	30	115	
City	30	145	
State	2	175	
Qualifying SSN	9	177	
Premium payment method	3	186	
PERS School Agency	3	189	
Dependent SSN	9	192	
Name Suffix	6	201	
SCO Ded Org Code	3	207	

The CalPERS health extract output record is fixed 209 characters.

Certification Checklist

HEALTH	
FILE TRANSFER CERTIFICATION CRITERIA CHECKLIST	
Color coded as follows: Employer , ACES Employer Certifier , Program Area , PARIS Administrator	
1.	ACES Employer Certifier contacted Employer regarding interest in file transfer
2.	ACES Employer Certifier scheduled & conducted conference call with Employer
3.	ACES Employer Certifier provided Employer with certification information that included the file layout (Appendix B) & the ERS that Employer completed and returned during test cycles
4.	ACES Employer Certifier assigned & provided Employer with certification user ID & password
5.	Employer returned & completed ERS to ACES Employer Certifier. If a certification condition was not applicable to an Employer, provided reason why condition did not apply
6.	ACES Employer Certifier notified Employer of any test SSNs that needed to be replaced
7.	Employer supplied new test SSNs
8.	ACES Employer Certifier verified all test SSNs selected met testing criteria
9.	ACES Employer Certifier requested DBA to have test SSNs loaded into certification database
10.	ACES Employer Certifier notified Employer certification environment was ready for testing
11.	ACES Employer Certifier walked Employer through the file transmittal process
12.	Employer created & transmitted file(s) according to file layout provided
13.	If load errors, ACES Employer Certifier worked with Employer to resolve load error problem. Repeated steps 12-13 until no more load errors. If no load errors, went to step 14
14.	Employer submitted test file with no load errors
15.	ACES Employer Certifier ran batch process for file submitted
16.	ACES Employer Certifier reviewed output reports, verified test results on database, & documented results of batch processes on ERS
17.	ACES Employer Certifier contacted Program Area regarding any business related problems with test records
18.	Program Area responded to any business related problems with test records
19.	ACES Employer Certifier sent updated ERS back to Employer. If all required certification transaction requirements/conditions expected results were met, went to step 23. If not all required certification transaction requirements /conditions expected results were met, went to step 20.
20.	ACES Employer Certifier worked with Employer using updated ERS to correct problems & trained Employer on results, exceptions, etc.
21.	Employer corrected problems
22.	Repeated steps 12-21 until all certification transaction requirements/conditions expected results were met
23.	Employer completed & passed all required certification transaction requirements/conditions expected results
24.	ACES Employer Certifier transitioned the Employer to production environment
25.	Employer completed & submitted security forms for on-site system account administrator to Paris Account Administrator
26.	PARIS Account Administrator created production user ID for on-site account administrator & trained on-site account administrator on PARIS functions

Appendix A: CERTIFICATION TEST TRANSACTIONS

1 - State Employer – Non Central

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1- New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2	1	
	106 – Tenure Time Base or hours	2	2		
TOTAL:		10	6	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody Change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
TOTAL:		8	7	0	1
3 - Delete Dependent	302 – Divorce	1	1		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 - Open Enrollment Delete Dependent	1	1		
TOTAL:		9	9	0	0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
TOTAL:		5	3	2	0
5 - Cancel Coverage	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment	1	1		
TOTAL:		5	5	0	0

1 – State Employer – Non Central (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
6 - Change Coverage Type	602 – Elects Medicare	2			2
TOTAL:		2	0	0	2
7 - Change Premium Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
TOTAL:		4	2	0	2
8 - Change Address	Change Address	2	2		
TOTAL:		2	2	0	0
9 - Change Subscriber Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Change Gender	1	1		
TOTAL:		3	3	0	0
10 - Change Dependent Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Add SSN	1			1
TOTAL:		3	2	0	1
11 - New PERS enrollment	PERS Enrollment	2	2		
	Effective Date > 2 weeks in the future	1		1	
	PERS Enrollment - Optional Member	1			1
TOTAL:		4	2	1	1
12 - Change Appointment Status	Permanent Separation	1	1		
	Temporary Separation	2	1	1	
TOTAL:		3	2	1	0
13 - Change Coverage Group	Change Appointment to Another Coverage Group	1	1		
TOTAL:		1	1	0	0
14 - Change Medical Group	Change to Another Medical Group	1	1		
TOTAL:		1	1	0	0
17 - COBRA	132 - COBRA Loss of Employment	1	1		
	133 - COBRA Spouse Loss of Coverage	1	1		
TOTAL:		2	2	0	0

1 – State Employer – Non Central (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
COMBINATION TRANSACTIONS					
1 & 11 – New Health Enrollment and New PERS Enrollment	100 – Tenure Time Base	2	2		
	101 – Late or Loss of Coverage	2	2		
	104 – Open Enrollment	2	2		
	PERS Enrollment	6	6		
TOTAL:		12	12	0	0
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective Dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
4 & 3 – Change health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
TOTAL:		20	20	0	0
TOTAL NUMBER OF TRANSACTIONS:		94	79	7	8

2 - Public Agency Contracting For Health Coverage Only

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	2	2		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
TOTAL:		6	6	0	0
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
TOTAL:		8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
TOTAL:		10	10	0	0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
TOTAL:		5	3	2	0
5 - Cancel Coverage	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
TOTAL:		5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2			2
TOTAL:		2	0	0	2
7 - Change Premium Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
TOTAL:		4	2	0	2
8 - Change Address	Change Address	2	2		
TOTAL:		2	2	0	0

2 - Public Agency Contracting for Health Coverage Only (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
9 - Change Subscriber Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Change Gender	1	1		
TOTAL:		3	3	0	0
10 - Change Dependent Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Add SSN	1			1
TOTAL:		3	2	0	1
12 - Change Appointment Status	Permanent Separation	1	1		
	Temporary Separation	2	1	1	
TOTAL:		3	2	1	0
14 - Change Medical Group	Change to another Medical Group	2	1	1	
TOTAL:		2	1	1	0
17 - COBRA	132 - COBRA Loss of Employment	1	1		
	133 - COBRA Spouse Loss of Coverage	1	1		
TOTAL:		2	2	0	0
COMBINATION TRANSACTIONS					
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
TOTAL:		8	8	0	0
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective Dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
TOTAL:		8	8	0	0
4 & 3 – Change Health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
TOTAL:		4	4	0	0
TOTAL NUMBER OF TRANSACTIONS:		75	65	4	6

3 - Public Agency Contracting For Retirement and Health Coverage

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2	1	
	TOTAL:	8	4	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change of Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
	TOTAL:	5	3	2	0
5 - Cancel Coverage	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0

3 - Public Agency Contracting For Retirement and Health Coverage (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
6 - Change Coverage Type	602 – Elects Medicare	2			2
	TOTAL:	2	0	0	2
7 - Change Premium Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
	TOTAL:	4	2	0	2
8 - Change Address	Change Address	2	2		
	TOTAL:	2	2	0	0
9 - Change Subscriber Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Change Gender	1	1		
	TOTAL:	3	3	0	0
10 - Change Dependent Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Add SSN	1			1
	TOTAL:	3	2	0	1
11 - New PERS enrollment	PERS Enrollment	2	2		
	Effective date > 2 weeks in future	1		1	
	PERS Enrollment - Optional Member	1			1
	TOTAL:	4	2	1	1
12 - Change Appointment Status	Permanent Separation	1	1		
	Temporary Separation	2	1	1	
	TOTAL:	3	2	1	0
13 - Change Coverage Group	Appointment to Another Coverage Group	1	1		
	TOTAL:	1	1	0	0
17 - COBRA	132 - COBRA Loss of Employment	1	1	0	0
	133 - COBRA Spouse Loss of Coverage	1	1	0	0
	TOTAL:	2	2	0	0

3 - Public Agency Contracting for Retirement and Health Coverage (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
COMBINATION TRANSACTIONS					
1 & 11 - New Health Enrollment and New PERS Enrollment	100 – Tenure Time Base	2	2		
	101 – Late or Loss of Coverage	2	2		
	104 – Open Enrollment	2	2		
	PERS Enrollments	6	6		
TOTAL:		12	12	0	0
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
TOTAL:		8	8	0	0
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
TOTAL:		8	8	0	0
4 & 3 - Change Health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
TOTAL:		4	4	0	0
TOTAL NUMBER OF TRANSACTIONS:		92	77	7	8

4 - State Employer – State Central

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2	1	
	106 – Tenure Time Base or hours (PI)	2	2		
	TOTAL:	10	6	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
	TOTAL:	5	3	2	0
5 - Cancel Coverage	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2	0		2
	TOTAL:	2	0	0	2
7 - Change Premium Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
	TOTAL:	4	2	0	2

4 - State Employer - State Central (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied	Agency Error	Manual Correction
8 - Change Address	Change Address	2	2		
TOTAL:		2	2	0	0
10 - Change Dependent Demographics	Change Name	1	1		
	Change Birth Date	1	1		
	Add SSN	1			1
TOTAL:		3	2	0	1
17 - COBRA	132 - COBRA Loss of Employment	1	1	0	0
	133 - COBRA Spouse Loss of Coverage	1	1	0	0
TOTAL:		2	2	0	0
COMBINATION TRANSACTIONS					
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective Dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
4 & 3 – Change health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
TOTAL:		20	20	0	0
TOTAL NUMBER OF TRANSACTIONS:		71	59	5	7

5 - State Employer – California State University System

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2	1	
	TOTAL:	8	4	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Vacate Household	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
	TOTAL:	5	3	2	0
5 - Cancel Coverage	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	3	3	0	0
17 - COBRA	132 - COBRA Loss of Employment	1	1	0	0
	133 - COBRA Spouse Loss of Coverage	1	1	0	0
	TOTAL:	2	2	0	0

5 - State Employer - California State University System (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
COMBINATION TRANSACTIONS					
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective Dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
4 & 3 - Change Health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
TOTAL:		20	20	0	0

Non-PERS – Do NOT Qualify for Retirement

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment for Non-PERS Employee	100 – Tenure Time base	2	2		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
TOTAL:		6	6	0	0
TOTAL NUMBER OF TRANSACTIONS:		62	55	5	2

6 - State Employer – Non-PERS – Do NOT Qualify for Retirement

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	2	2		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
	106 – Tenure Time Base or hours (PI)	2	2		
TOTAL:		8	8	0	0
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
TOTAL:		8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Vacate Household	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
TOTAL:		10	10		0
4 - Change Health Plan	400 – Open Enrollment	3	2	1	
	402 – Move	2	1	1	
TOTAL:		5	3	2	0
5 - Cancel Coverage	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
TOTAL:		5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2			2
TOTAL:		2	0	0	2

6 - State Employer – Non-PERS – Do NOT Qualify for Retirement (cont.)

Transaction Type	Health Event Reason Code/Description	Number of Transactions Per File	Successfully Applied SA	Agency Error AE	Manual Correction MC
7 - Change Premium Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
	TOTAL:	4	2	0	2
10 - Change Dependent Demographics	Name Change	1	1		
	Birth Date Change	1	1		
	Add SSN	1			1
	TOTAL:	3	2	0	1
17 - COBRA	132 - COBRA Loss of Employment	1	1		
	133 - COBRA Spouse Loss of Coverage	1	1		
	TOTAL:	2	2	0	0
COMBINATION TRANSACTIONS					
3 & 2 - Delete Dependent and Add Dependent	302 – Same Effective Dates	2	2		
	201 – Same Effective Dates	2	2		
	302 – Different Effective Dates	2	2		
	201 – Different Effective Dates	2	2		
	TOTAL:	8	8	0	0
4 & 2 - Change Health Plan and Add Dependent	400 – Different Effective Dates	2	2		
	202 – Different Effective Dates	2	2		
	400 – Same Effective Dates	2	2		
	206 – Same Effective Dates	2	2		
	TOTAL:	8	8	0	0
4 & 3 - Change Health Plan and Delete Dependent	402 – Different Effective Dates	2	2		
	312 – Different Effective Dates	2	2		
	TOTAL:	4	4	0	0
TOTAL NUMBER OF TRANSACTIONS:		67	59	2	6

Appendix B: TRANSMISSION FILE LAYOUT

Effective February 17, 2004

NOTES:

- * Each record type will be fixed length.
- * Date fields not containing data must be filled with spaces -- not zeroes.
- * Phone number fields not containing data must be filled with spaces -- not zeros.
- * Numeric fields (other than date and phone number fields) must be right justified with leading zeroes.
- * Alphanumeric fields must be left justified with trailing spaces.
- * Optional fields (numeric and alphanumeric) can be filled with spaces.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
All	Record Type	1	3	N	R	100		Header : 1 per File/Transmission
						300		Participant: 1-n per File/Transmission
						400		Health Subscriber: 0-1 per Participant
						500		Health Dependent : 0-n per Health Subscriber
						700		Remark : 0-1 per Participant
						900		Footer : 1 per File/Transmission
100 Header	Extract Date/Time	4	14	ccyyymmddhhmmss	R			Date/Time the extract was produced.
	Transmission Organization Id	18	16	N	R			Unique Organization Identifier for the agency submitting the file.
	Processing Detail Format	34	1	A	R	(A)ll (E)xceptions		ACES Processing Detail File selection preference. Indicates whether All transactions will be included or only the Exceptions on the Detail Report.
	Email	35	255	A	O			The e-mail address that the ACES Processing Summary will be sent to.
	Record Length	289						
300 Participant	Transaction #	4	6	N	R			Unique transaction number within the transmission file, used to link the related record types. The Transaction numbering sequence will be from 1 to 999999 for each transmission file that is submitted by the agency.
	SSN	10	9	N	R			Participant's SSN.
	Transaction Type	19	3	A	R		Y	Indicates the type of transaction that is being submitted by the agency.
	Organization Id	22	16	N	O			Identifies the participant's employer. Unique Organization identifier used within the COMET database.
	SCO Agency Code	38	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). SCO Position # = Agency (3), Unit (3), Class (4), Serial (3).
	SCO Department Code	41	3	N	C			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). For Department of Food & Agriculture's district use only.
	SCO Unit Code	44	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	SCO Class Code	47	4	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
	SCO Serial Number	51	3	N	O			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
	PERS ER Code	54	4	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO).
	PERS School Agency Code	58	3	N	C			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO). Used for school districts.
	Pay Entity	61	3	A	R		Y	Identifies the entity that processes the employee's payroll and health deductions.
	Payroll Office Code	64	1	A	C		Y	Identifies the type of agency and the employment status. Required for New Health Enrollments (Tran Type = 1).
	Agency Employee Id	65	16	A	O			Agency's employee identification to be included in feedback file. Will not be stored within the COMET database.
	Last Name	81	30	A	R			
	First Name	111	20	A	C			Required for New Enrollments (Tran Type = 1 or 11).
	Middle Name	131	20	A	O			
	Name Suffix	151	4	A	O		Y	
	Gender	155	1	A	C	M/F		Required for New Enrollments (Tran Type = 1 or 11).
	Birth Date	156	8	ccyyymmdd	R			
	New Birth Date	164	8	ccyyymmdd	C			Participant's updated birth date. Required for birth date corrections.
	Daytime Phone Area	172	3	N	O			Participant's phone area.
	Daytime Phone	175	7	N	O			Participant's phone number.
	Daytime Phone Extension	182	5	N	O			Participant's phone extension.
	Death Date	187	8	ccyyymmdd	O			
	Addr Type	195	3	A	O	"1" - (Mailing) "5" - (Residential)		Describes the subscriber's type of address.
	Street Address	198	30	A	R			Required for Domestic and International addresses. This field is currently limited to 28 characters only.
	Alt Address Line	228	30	A	O			Optional for Domestic and International addresses. This field isn't currently used and is limited to 28 characters only. It is included to support future functionality.
	Suppl Address Type	258	3	A	C		Y	Required if Supplemental Address Line is provided. The title which will appear at the beginning of a supplemental address line when the address is displayed or printed.
	Suppl Address Line	261	30	A	C			Required if Supplemental Address Type is provided.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	Mail Stop	291	10	A	O			Optional for Domestic and International addresses. Indicates a code frequently used with private mailbox rental services, such as Mail Boxes Etc.
	City	301	30	A	R			Required for Domestic and International addresses. This field is currently limited to 21 characters.
	State	331	2	A	C			Required for Domestic addresses.
	Zip Code 5	333	5	N	C			Required for Domestic addresses.
	Zip Code 4	338	4	N	O			Optional for Domestic addresses.
	Zip Code 2	342	2	N	O			Optional for Domestic addresses.
	Province/Territory	344	4	A	C		Y	Required for International Addresses in Canada and Mexico.
	Country	348	4	A	C		Y	Required for International Addresses. Blank for domestic addresses.
	Foreign Postal Code	352	12	A	O			Only Applies to Foreign Addresses.
	Hire Date	364	8	ccyyymmdd	C			The date the participant began working for the agency. Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1).
	Health Eligibility Date	372	8	ccyyymmdd	C			Required for all New Health Enrollments (Tran Type = 1). Date participant is eligible for health benefits.
	Appointment Status	380	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11), Appointment Status Changes (Tran Type = 12) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's appointment status.
	Retirement System	383	3	A	C		Y	Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's retirement system.
	Bargaining Rank	386	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The Employee Designation of the participant's Collective Bargaining Unit.
	Bargaining Unit	389	3	A	C			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The specific unit from the participant's Collective Bargaining Unit.
	Address Effective Date	392	8	ccyyymmdd	O			Default to Current Date.
	Appt Transaction Eff Date	400	8	ccyyymmdd	C			The Effective Date of the Appointment Transaction. Required for New PERS Enrollments and Appointment Changes (Transaction Types 11-16).
	PERS Coverage Group	408	5	N	C			Required for New PERS Enrollments and Coverage Group Changes (Tran Type 11 & 13).
	Appt Qualification Eff Date	413	8	ccyyymmdd	C			The date that the participant's appointment (with this employer) qualifies for PERS membership. Required for New PERS Enrollments (Tran Type = 11) if either the Manual Enrollment Indicator or Optional Member Indicator = Y.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
300 Participant (cont.)	Manual Enrollment Ind	421	1	A <i>(No longer used, space field out)</i>	C	Y/N		Indicates if the employee must be manually enrolled. Set to 'Y' if the employee is already a member of PERS or if the employee has completed 1000 hours or 125 days in a fiscal year. Replaces the checkboxes at the bottom of the AESD-1 form (Tran Type = 11).
	Optional Member Ind	422	1	A	C	Y/N		Required for New PERS Enrollments (Tran Type = 11). Indicates if the employee's PERS enrollment is optional or not. Default to 'N'.
	RBO Phone Area	423	3	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	RBO Phone	426	7	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	RBO Extension	433	5	N	O			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	Appt ID	438	16	N	O			For CalPERS use only.
	Appt Tenure	454	3	A <i>(No longer used, space field out)</i>	C		Y	Required for New PERS Enrollments and Appt Tenure Changes (Tran Type = 11 & 16). Indicates the duration of an appointment. For instance an appointment may be temporary, or it may be permanent.
	Temp Number of Months	457	3	N <i>(No longer used, space field out)</i>	C			The number of months from the appointment tenure effective date that a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
	Temp Expiration Date	460	8	ccyyymmdd <i>(No longer used, space field out)</i>	C			The expiration date of a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
	Appt Time Base	468	3	A <i>(No longer used, space field out)</i>	C		Y	Required for New PERS Enrollments and Appt Time Base Changes (Tran Type = 11 & 15). Identifies the amount of time, typically measured by weekly hours, an individual works at an Appointment. Examples are Full Time and Part Time.
	Average Per Week Hours	471	6	N <i>(No longer used, space field out)</i>	C			The average number of weekly hours the individual is expected to work. Required only if Appt Time Base = "Part Time".
	Standard Per Week Hours	477	6	N <i>(No longer used, space field out)</i>	C			The standard number of hours normally worked for a full time position in one week. Required only if Appt Time Base = "Part Time".
	Medical Group	483	3	A	C			Required for New Enrollments (Tran Type = 1 or 11) for Public Agencies and Schools that contract for Health Benefits (Active Health Unit).
	Record Length	485	Minimum record length must be at least 480 bytes!					

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
400 Health Subscriber	Transaction #	4	6	N	R			Same transaction number as Participant.
	Eligibility Basis	10	3	A	C		Y	Required for Non-PERS, COBRA, Retirement and Survivor New Enrollments. Indicates whether subscriber qualifies through employment, retirement etc.
	Health Event Reason Code	13	3	A	C		Y	Required for all Health Enrollments and Modifications. The ACES Transaction Type of the Health Event Reason Code must correspond with the Transaction Type (see Appendix C of the FRD).
	Health Event Effective Date	16	8	ccyyymmdd	C			Required for Health Enrollments and Modifications. The date the Health Enrollment or Modification is effective.
	Event Date	24	8	ccyyymmdd	C			Required for Health Enrollments and Modifications. This is the date that qualifies or disqualifies the individual(s) for the health event.
	Eligibility Zip	32	5	N	O			This is only necessary if different from the mailing zip code – impacts eligibility for health plans.
	Plan Code	37	3	A	C		Y	Required on all Health enrollments and Modifications except for Cancellations and Premium Payment Method Changes. 1st 3 digits of plan code. Identifies the health carrier.
	Party Rate	40	1	A	C			Required on all Health enrollments and Modifications except for Cancellations and Premium Payment Method Changes. 4th digit of plan code. Identifies the number of individuals that are associated with an enrollment.
	Primary Care Physician	41	30	A	O			Subscriber's Primary Care Physician.
	Coverage Type	71	3	A	O		Y	Basic or Medicare. Defaults to Basic.
	Medical Group	74	3	A	C			Required for Public Agencies and Schools (Active Health Unit).
	Qualifying SSN	77	9	N	C			Required for all COBRA and survivor new enrollments. Identifies the participant that qualifies the survivor or COBRA subscriber for health coverage.
	Spouse SSN	86	9	N	C			Required if Subscriber is married, even if the spouse is not covered. Used to locate dependents and to check for existing health coverage.
	COBRA Start Date	95	8	ccyyymmdd	C			The date on which COBRA coverage began for the enrollee. This date may be different from the coverage effective date in cases of new contracting agencies. Required for COBRA new enrollments.
	COBRA End Date	103	8	ccyyymmdd	C			The date on which COBRA coverage is set to end for the enrollee. Required for COBRA New Enrollments.
	HBO Received Date	111	8	ccyyymmdd	C			The date the health form was received by the agency's Health Benefits Officer. Required for Health Enrollments and Modifications.

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
400 Health Subscriber (cont.)	HBO Phone Area	119	3	N	O			Health Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	HBO Phone	122	7	N	O			Health Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
	HBO Phone Extension	129	5	N	O			Health Benefits Officer phone number. For exception reporting only.
	Eligibility Zip Type	134	3	A	C/O		Y	If the Eligibility Zip field is populated, use this field to indicate the type of Eligibility Zip. If an Eligibility Zip is provided, but this field is blank, the field defaults to '1' (home zip)
	Record Length	136						
500 Health Dependent	Transaction #	4	6	N	R			Same transaction number as Participant.
	Action Code	10	1	A	C	(A)dd, (C)hange or blank		Identifies Dependent Action for transaction. A blank value indicates that the transaction does not impact the dependent.
	SSN	11	9	N	C			Dependent's SSN. Required for spouse.
	Last Name	20	30	A	R			Dependent's Last Name.
	First Name	50	20	A	C			Dependent's First Name. Required for New Enrollments (Tran Type = 2).
	Middle Name	70	20	A	O			Dependent's Middle Name.
	Name Suffix	90	4	A	O			Dependent's Name Suffix.
	Gender	94	1	A	C	M/F		Most can be derived from Legacy Dependent Relation Code – except for Economically Dependent. Required if COMET Dependent Relationship Code is provided. Required for New Enrollments (Tran Type = 2).
	Birth Date	95	8	ccyyymmdd	R			Dependent's Birth Date.
	New Birth Date	103	8	ccyyymmdd	C			Dependent's updated birth date. Required for birth date corrections.
	Death Date	111	8	ccyyymmdd	O			
	Legacy Relationship Code	119	3	A	C		Y	Identifies the dependent's relationship to the subscriber. Either the Legacy or COMET value is required if the Dependent Action = "Add".
	COMET Relationship Code	122	3	A	C		Y	Identifies the dependent's relationship to the subscriber. Either the Legacy or the COMET value is required if the Dependent Action = "Add".
	Coverage Type	125	3	A	O		Y	Medicare or Basic. Defaults to Basic.
	Primary Care Physician	128	30	A	O			Dependent's Primary Care Physician.
	Record Length	157						

Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
700 Remark	Transaction #	4	6	N	R			Same transaction number as Participant.
	Remark	10	255	A	O			Contains the Agency's remarks regarding the transaction record. Used for exception reporting only. Reviewed by CalPERS staff only in case of exception.
	Record Length	264						
900 Footer	Record Count	4	6	N	R			Total number of records (rows) submitted. Includes Header and Footer.
	Transaction Count	10	6	N	R			Total number of Participant transactions (<u>300 only</u>) submitted. 1 Participant, 1 Health Subscriber and 3 dependents = 1 transaction.
	Record Length	15						

Appendix C: EXAMPLES OF BATCH MESSAGES

The following lists common examples batch messages. These examples will help test some of the conditions listed in Appendix A. These are meant to be examples and not intended to be an all-inclusive list of error types. For a complete listing of batch messages, contact the ACES Employer Certifier.

AGENCY ERROR	
Message Number:	1
Message Provided:	The transaction code is missing
Description:	Transactions are missing information required to complete the process
Resolution:	Provide missing information and re-submit the transaction for processing
Message Number:	2
Message Provided:	The Health Event Reason Code is required
Description:	Transactions are missing information required to complete the process
Resolution:	Provide missing information and re-submit the transaction for processing
Message Number:	8
Message Provided:	Subscriber already covered with the agency as of the transaction record effective date
Description:	Subscriber is already covered by agency
Resolution:	Verify if this transaction is a duplicate of a prior transaction or if the coverage should have been cancelled
Message Number:	11
Message Provided:	Health Plan is invalid
Description:	Health Plan selected was not available in the subscriber's service area. (i.e., the transaction had an SCO plan code that was invalid.
Resolution:	Check health plan selected, select new health plan if necessary, and resubmit request.
Message Number:	51
Message Provided:	Participant's Address is required
Description:	If the transaction is a New Health Enrollment (tran type 1), then the participant must have an address on COMET that is in effect on the health enrollment effective date. If not, then the transaction must have a valid address.
Resolution:	If possible, enter an address for the participant or contact CalPERS staff to update the address. CalPERS or the Agency can resubmit the transaction the following day.

MANUAL CORRECTIONS	
Message Number:	4
Message Provided:	Health Event Reason Code designated for Manual Processing
Description:	Any COBRA or Medicare Enrollment
Resolution:	CalPERS will manually process this transaction and change the status to Completed. When the status has been updated, you will receive confirmation of the completed transaction on a future detail report.
Message Number:	9
Message Provided:	Subscriber already covered with another agency as of the transaction record
Description:	Coverage for health already exists, but the appointment that qualifies the participant for coverage is with another appointment.
Resolution:	CalPERS will research other coverage and contact you if this is a dual coverage situation. In some cases, if the member is already enrolled with COBRA, the COBRA enrollment may require cancellation prior to the new enrollment being processed. If the member is already covered by another agency, the transaction status will be changed to Denied and a confirmation will be provided in a future detail report. The agency is then required to research the coverage. The agency should contact the Employee and CalPERS for further information regarding the other coverage.
Message Number:	17
Message Provided:	SSN is required for spouse/domestic partner
Description:	Added a dependent spouse/domestic partner without a SSN
Resolution:	CalPERS will contact you to request the dependent's SSN or you can update the dependent's SSN and reprocess the transaction prior to CalPERS contacting you. If the dependent does not have an SSN, contact CalPERS for manual processing.
Message Number:	35
Message Provided:	Dependent not found, dependent's coverage was not cancelled
Description:	Attempted Cancel Dependent transaction, but dependent could not be found using SSN supplied
Resolution:	CalPERS will update the dependent's SSN and change the status to Resubmit. You will receive confirmation on a future detail report when the status has been updated and the transaction has been Successfully Applied or erred for another reason.
Message Number:	40
Message Provided:	Dependent not found, dependent's coverage was not changed
Description:	Attempted Change Coverage Type transaction, but dependent could not be found using SSN supplied
Resolution:	If necessary, CalPERS will validate and update the name and date of birth of the dependent or verify if the dependent was already deleted prior to this transaction.
Message Number:	44
Message Provided:	The birth date on the dependent with SSN ____ was ____, but COMET has a birth date of ____.
Description:	DOB entered for a dependent did not match DOB and SSN in COMET.
Resolution:	CalPERS will contact the agency to validate and update the correct date of birth for the dependent and change the status to Resubmit. You will receive confirmation on a future detail summary when the status has been updated and the transaction has been Successfully Applied or erred for another reason.

INFORMATIONAL MESSAGES	
Message Number:	15
Message Provided:	COMET will use an Effective Date of ____, but the agency submitted Effective Date of ____.
Description:	This message is provided if the COMET derived effective date differs from the agency's date.
Resolution:	The effective date was changed from what was submitted on the transaction. The agency should validate which effective date is correct and contact the employee with the changes. If the original effective date provided by the agency should be used, contact CalPERS for corrections. You will not be automatically notified of the correction in effective date. You can access Participant Inquiry the following day to confirm if the effective date was changed.
Message Number:	19
Message Provided:	Agency supplied health plan does not differ from the current health plan.
Description:	A Change Plan transaction was sent, but new plan submitted was the same as current plan.
Resolution:	This transaction was not processed! Verify if the Change of Health Plan was already processed or verify if this transaction should really be a change of health plans.
Message Number:	22
Message Provided:	COMET will use a Party Rate of ____, but the agency submitted Party Rate of ____.
Description:	After the transaction has been processed, the new COMET party rate is computed and compared to the value submitted by the agency. If they differ, this message is displayed
Resolution:	Validate that the appropriate dependents were updated or deleted as submitted. Contact CalPERS to resolve any discrepancies.

MISCELLANEOUS	
PERS Retry:	Submitted a PERS qualifying appointment with a health enrollment attached. The HB enrollment will fall out of PERS Retry will then be processed the next day (24 hours later or the next time the batch runs).
Non-PERS Retry:	A health enrollment was submitted before the appointment information was entered or recognized in COMET system. The Health Benefits enrollment will fall out of Non-PERS Retry and will then be processed the next day (24 hours later or the next time the batch runs).